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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Viet Nam

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Viet Nam for the period 1996 to 2000 in the amount of $44,000,000 from general resources, subject to the availability of funds, and $91,000,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $1,261,000 to fund the approved country programme for the period 1991 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Viet Nam was the first country in Asia and the second in the world to ratify the Convention on the Rights of the Child. Its first report on implementation was characterized by the Committee on the Rights of the Child as being frank, self-critical and forward-looking. The report and the concluding observations made by the Committee highlight concern about the negative effects of the country's ongoing economic transformation on children and women. The situation of children in rural and mountainous areas and of ethnic minority children in remote areas is particularly serious given their low access to health and education services. The issue of juvenile justice is also of concern. The Government is fully aware of these issues and has initiated some corrective actions, using limited available resources.

2. The continued success of Viet Nam's policy of Doi Moi ("renovation") owes much to past investments in child survival, protection and development and to the country's continued commitment to social equity and economic development. The economy is growing at an annual rate of 8 to 9 per cent, inflation is under control, the currency is stable and there is only a modest budget deficit. However, the effectiveness of the social service infrastructure is being threatened, largely by growing disparities between geographical regions and in incomes. Socio-economic changes resulting from economic reforms have a number of major implications on the situation of children and women, including (a) a decrease in income of about 10 per cent of the population and no improvement for another 20 per cent, with ethnic minority and remote upland populations particularly disadvantaged; (b) family units, especially mothers, have increasing responsibility for meeting children's needs; (c) social services increasingly are being provided, for fees, by sources other than the Government, including the private sector and NGOs, with a corresponding proliferation of information and advertisements on how to meet children's needs; and (d) despite the generally good situation of women, poverty is a serious problem for many. One fifth of all households are headed by single women, and in some remote areas, the proportion reaches almost 50 per cent.

3. The infant mortality rate (IMR), estimated at 46 per 1,000 live births, has fallen from 80 per 1,000 in 1980, a decline of 45 per cent, or 71,000 infant deaths per year. The under-five mortality rate (U5MR), estimated at 81 per 1,000 live births, declined by 31 per cent between 1980 and 1992, representing 64,000 fewer child deaths each year. However, there are major variations among the urban, delta, coastal and mountainous areas, with one province having an estimated U5MR of 148 per 1,000 live births.

4. Acute respiratory infections (ARI) account for 33 per cent of all infant deaths and diarrhoeal diseases for another 25 per cent. Over one half of the country's 10,000 communes do not yet have health workers trained in case management for ARI and diarrheal diseases. Achieving the goals for oral rehydration therapy (ORT) and ARI by 1995 will contribute significantly towards meeting the country's goals for reducing IMR and U5MR by the year 2000. Other major causes of infant and child morbidity and mortality are malaria, neonatal tetanus and measles.

5. Estimates of Viet Nam's maternal mortality rate (MMR) range between 110 and 220 per 100,000 live births. The number of women who deliver their babies at health centres is declining. Two thirds of pregnant women are anaemic and 17 per cent of infants are born with low birth weight. Traditional practices, including continued hard work up to childbirth and reduced food intake during pregnancy, contribute to these conditions. Mothers rarely give colostrum to babies and usually do not breast-feed until two to three days after delivery. Slightly more than one third of mothers breast-feed exclusively during the first month.

6. An estimated 43 per cent of children under five years of age suffer from protein-energy malnutrition (PEM); 13 per cent are severely malnourished. Malnutrition rates may be higher in poorer provinces of the country. Nearly two times as many children aged one to three years as infants suffer from malnutrition. The prevalence of corneal scars attributed to vitamin A deficiency is 0.12 per cent, nearly two and one half times higher than the public health significance level of 0.05. A 1993 nationwide survey showed that 94 per cent of the population suffer from iodine deficiency disorders (IDD), with 50 per cent of all iron deficiency anaemia occurring among pregnant women and pre-school children. A national programme for universal salt iodization is being implemented.

7. Although Viet Nam has relatively abundant water resources because of high rainfall, major problems are caused by saltwater intrusion in coastal areas and flash floods caused by extensive deforestation in upland areas. Surface water sources are increasingly polluted because of the intensive use of pesticides and fertilizers and industrial discharges of untreated waste water into rivers. About 32 per cent of the rural population have access to safe water. If the trend of the past three years continues, 80 per cent of people in rural areas will have access to safe water by the year 2000. Water collection poses a serious burden, in terms of time and energy expended, on rural women and girls.

8. About 15 per cent of rural households have access to sanitary means for disposal of excreta. Such practices as using human excrement as fertilizer must be stopped. A study on intestinal parasite infection found infection rates of 95 per cent in the north, where double-vault compost latrines are used, and 40 per cent in the south, where fish-pond latrines are common.

9. Viet Nam continues to have a high literacy rate (85 per cent), but its sustainability is threatened by a nationwide shortage of over 50,000 teachers, with 20,000 teachers needed in ethnic minority areas, and a total of 2.2 million children aged 6-14 years who have never enrolled in school or dropped out soon after starting grade one. Although members of ethnic minorities comprise about 13 per cent of the total population, their school enrolment rate is only about 4 per cent. Women account for 71 per cent of the 8 million illiterate people in Viet Nam.

10. There are an estimated 3 million children in especially difficult circumstances in Viet Nam, including disadvantaged ethnic minority children, and street children and working children.

11. The number of people infected with the human immunodeficiency virus (HIV) is increasing rapidly because of changing patterns of sexual behaviour, including the rapid growth of commercial sex. By mid-1994, there were 1,490 reported cases of HIV, although adequate diagnostic facilities do not exist.

12. Overall, Viet Nam is making progress in ensuring high rates of child survival. Problems of child development remain more intractable, although clear plans for accelerated progress are now in place. The status of child protection requires further assessment, analysis and action.

PROGRAMME COOPERATION, 1991-1995

13. The national programme of action (NPA) for children for the period 1991-2000 was adopted in December 1991. The completion of provincial programmes of action in each of Viet Nam's 53 provinces provides a focus for convergent and mutually reinforcing interventions for child survival, development and protection. In some provinces, district plans of action have been prepared. Further indication of Viet Nam's commitment can be seen in the appointment of a Minister for Child Care and Protection.

14. In 1993 and 1994, the Government made major increases in budgetary allocations to the social sector and specific allocations for achieving the goals for children for mid-decade and the year 2000. For example, allocations for achieving the nutrition goals increased by 1,500 per cent. Budgets for health and population programmes were increased by 250 per cent, for education by 30 per cent and for rural water supply and sanitation by 550 per cent. The Vice-President has established a National Fund for Children, a non-governmental organization (NGO) committed to raising funds in support of implementing the Convention on the Rights of the Child and the NPA.

15. The 1991-1995 programme of cooperation made some important contributions to implementing the NPA. Achieving and maintaining the mid-decade goals by the end of 1995 will reduce substantially IMR, U5MR and the prevalence of malnutrition. Viet Nam is well on the way towards achieving the goals for the decade for education and water supply and sanitation.

Health

16. There has been major progress in rehabilitating the primary health care (PHC) infrastructure. Following a review of PHC implementation in November 1992, a process was initiated to integrate vertical PHC services in phases in one district in each of the 53 provinces by 1995. In 1993-1994, equipment was provided to 1,279 communal health centres (out of 10,000 communes). Thousands of health workers received in-service training which emphasized the mid-decade goals and other priorities. New approaches to health financing along the lines of the Bamako Initiative were established in 42 of 550 districts on an experimental basis, and this initiative is expanding rapidly.

17. Immunization coverage of infants has exceeded 85 per cent for all six antigens of the expanded programme on immunization (EPI) for four consecutive years. Coverage for pregnant women with tetanus toxoid increased sharply from 14 per cent in 1991 to 71 per cent for 1993. Nationwide mass vaccination campaigns, strengthened social mobilization, increasing local resource mobilization, wide coverage of monthly vaccinations and major support for local vaccine production were the strategies used to achieve the mid-decade goals and sustain universal child immunization (UCI). Technical assistance provided by the World Health Organization (WHO) focused on improving disease surveillance skills and laboratory technology. UNICEF provided cold-chain and injection equipment and in-service training.

18. The programme for the control of diarrhoeal diseases (CDD) reaches 87 per cent of communes and is on course to achieve the mid-decade goal of 80 per cent use of ORT. Currently, 78 per cent of children under five years of age are given ORT, compared to 60 per cent in 1991. In 1994, UNICEF cooperation promoted local production of oral rehydration salts (ORS) for capacity-building and sustainability.

19. UNICEF helped to provide in-service training, basic supplies and equipment for the control of ARI, malaria and trachoma. Coverage of ARI control expanded from 18 per cent of communes in 1990 to 45 per cent by the end of 1993, reaching 40 per cent of children under five years of age. ARI control will expand to 55 per cent of communes in 1994 and 65 per cent in 1995. The major constraint to expansion is a lack of funds.

20. Constraints to further progress include greater use of inappropriate self-diagnosis and treatment by unregulated pharmacists, both of which decrease use of public health services. Low morale among poorly paid health workers is both a cause and effect of those factors. National capacity to effect major behavioural changes in health is very limited, and there is a widespread lack of community knowledge on child health issues.

Nutrition

21. To help develop a strategy to achieve the NPA nutrition goals, UNICEF assisted an assessment and analysis of the magnitude and causes of child malnutrition (PEM, IDD and vitamin A deficiency). A national consensus was reached on the systematic use of the "triple A" strategy (assessment, analysis and action), appropriate mid-decade goals were set and comprehensive plans of action to achieve them were formulated and implemented, with 20 per cent of the country covered by the end of 1994. Implementation involved cooperation with other agencies, including the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and WHO, and NGOs and other multilateral organizations, including the World Bank.

22. Control of PEM focused on strengthening growth monitoring and promotion with mothers of children under five years of age, nutrition education for mothers and other caregivers, and support to 68,300 households from 1991-1993 to increase food security through family food gardening.

23. Control of vitamin A deficiency expanded to 93 per cent coverage through the provision of locally produced vitamin A supplements to almost 10 million children aged six months to five years and to women in the first month of lactation. FAO and UNICEF supported nutrition education to promote such dietary changes as the consumption of foods rich in iron and vitamin A.

24. After a national assessment in 1993 showed IDD to be a nationwide problem, the distribution of iodized salt was expanded to cover not only the mountainous areas, but also lowland and delta areas. Currently, 24 per cent of all salt is iodized with 80 per cent coverage planned for the end of 1995.

25. A government decree banned the sale or free distribution of breast-milk substitutes and promoted the Baby-Friendly Hospital Initiative. UNICEF helped to encourage caregivers to improve infant feeding practices by providing information and education through the Viet Nam Women's Union (VWU), establishing home-based day care and providing credit to increase household incomes.

26. The prospects for achieving the mid-decade and other goals for nutrition are excellent. Given the impact of nutrition on under-five mortality in Viet Nam, sustaining their achievement will make a major contribution to reducing IMR and U5MR.

Water supply and sanitation

27. Rural water supply activities have been expanded to all 53 provinces. By August 1994, about 18.3 million people, or 32 per cent of the population, had access to safe water through 110,000 water points. Around 35 per cent of the rural population will have access by the end of 1994 and 42 per cent by 1995. Continuing this progress would meet Viet Nam's mid-decade goal for water supply and put the country on course to achieve the NPA goal of 80 per cent access by the year 2000. In addition to providing assistance for service delivery, UNICEF also supported capacity-building through the training of government staff and concomitant development of provincial water plans. A 1992 evaluation of hand-pumps showed that over 90 per cent were in correct working order because almost every pump has a trained caretaker, usually a woman.

28. During the programme period, more than 100,000 sanitary latrines were installed. A major sanitation education effort undertaken with VWU expanded activities and mobilized more family resources. More than 2,000 of the nation's 13,000 primary schools have been provided with water supply and sanitary facilities. More rapid progress in the water supply and sanitation sector is constrained by a lack of funds.

Education

29. Constraints to achieving universal primary education include a shortage of primary school teachers (because of recruitment and retention problems), poor school facilities and such socio-economic factors as insufficient family income for school supplies and heavy child workloads, especially for girls aged 10 years and older. UNICEF support has concentrated on promoting multigrade teaching as a strategy for increasing access to primary school, particularly for girls and disadvantaged ethnic minority children. The programme expanded from 20 schools in 1991 to more than 1,100 in 1994. An independent assessment endorsed the multigrade teaching strategy, but recommended further improvements in teacher training. UNICEF discontinued support for pre-vocational education and education for disabled children in favour of increased concentration on the main goal of universal primary education.

Women in development

30. Beginning with the widespread diffusion of Facts for Life, the programme expanded in 1993 to include a revolving credit scheme for income-generation activities. Families with malnourished children and/or children who could not attend school because of poverty were the priority target groups for loans, which averaged $30 per family and covered 18,400 families in 1993 and 1994. The repayment rate exceeds 98 per cent and malnutrition has declined by 80 per cent in Thanh Hoa province because of the entrepreneurial spirit, hard work and discipline of the Vietnamese women using the loans. This strategy of combining small-scale credit for income generation with Facts for Life knowledge has proven to be a cost-effective approach for women's empowerment and the sustained reduction of malnutrition. The programme, now endorsed by the Viet Nam Bank of Agriculture, is becoming a stepping stone for borrowers to graduate into the formal banking system.

Children in especially difficult circumstances

31. In response to issues raised in Viet Nam's report to the Committee on the Rights of the Child, UNICEF helped to establish experimental drop-in centres for street children in major cities, supported the training of front-line workers in social work and child-care practices, and promoted the involvement of NGOs in preventing the spread of HIV and acquired immune deficiency syndrome (AIDS). None the less, the capacity of both the Government and NGOs to deal with children in especially difficult circumstances remains weak.

Advocacy and social mobilization

32. Because there is limited national capacity to promote community and individual behavioural change, UNICEF provided assistance for training activities to the Committee for the Protection and Care of Children (CPCC), the Ministry of Health, VWU, radio and television networks and NGOs. The country's already strong capacity for mass mobilization was used effectively to promote EPI, vitamin A distribution and other UNICEF-supported services.

33. There have been considerable increases in supplementary funding, particularly since 1992, because of more effective advocacy and public information on Viet Nam's progress for children with bilateral donors, the private sector and NGOs. Major donors of supplementary funds include the Australian International Development Aid Bureau; the Canadian International Development Agency; the Governments of Luxembourg, the Netherlands and Sweden; the National Committees for UNICEF of Australia, Belgium, France, Japan, the Netherlands, New Zealand, the Republic of Korea, the United Kingdom and the United States; and the NGO and private sectors, including Rotary International, the Sasakawa Foundation and the Italian oil company, ENI-SERMED.

Monitoring and evaluation

34. Following the completion of Viet Nam's NPA in late 1991, UNICEF provided technical and financial support to CPCC and to provincial governments to complete programmes of action in all 53 provinces. UNICEF also assisted the State Planning Committee, the Government Statistics Office and relevant ministries to develop a sound monitoring system for social indicators. This is also an important capacity-building initiative, given the rapid social changes taking place in Viet Nam and resulting widening income disparities and diminishing access to some social services.

Lessons learned

35. Beginning in 1993, UNICEF staff and Government officials increased field monitoring. Through these visits UNICEF learned that (a) UNICEF support was not sufficiently targeted to the needs of the poorest women and children and the most deprived geographical areas; (b) social indicators should be monitored regularly; and (c) given the central importance of the family as the chief provider of child and family care services, there is a need for empowering women, families and communities with information, education and skills. The results of the visits, combined with programme and project assessments, were analysed jointly by the Government and UNICEF and guided the evolution of programme strategies.

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed	
		1995	Total
1991-1995	40 000	1 261	1 261

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

36. The programme of cooperation was approved by the Executive Board for the period 1991-1995 with an allocation of $40,000,000 from general resources (E/ICEF/1991/P/L.16). New challenges arose during that period, mainly because of the impact of economic reforms on poorer families and ethnic minorities, the Government's commitment to make stronger efforts to meet their needs and accelerated progress towards the mid-decade goals. Based on those considerations, especially given high programme implementation and the availability of general resources, a total amount of $1,261,000 was added to the country programme ceiling for Viet Nam in 1992, 1993 and 1994. To help sustain the pace and successes of programme implementation and maintain the annual planning level at $8,800,000 for 1995, approval of additional general resources in the amount of $1,261,000 is being requested.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources: $44,000,000
Supplementary funds: $91,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Advocacy, social mobilization and communication	3 000	1 500	4 500
Planning, research, evaluation and monitoring	1 000	1 500	2 500
Health	13 000	28 500	41 500
Nutrition	4 500	9 000	13 500
Water supply and sanitation	8 000	25 500	33 500
Education	8 000	18 500	26 500
Women in development	2 000	5 000	7 000
Children in especially difficult circumstances	1 000	1 500	2 500
Programme support	3 500	-	3 500
Total	44 000	91 000	135 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects show in table 3.

Country programme preparation process

37. Immediately following the October 1993 mid-term review, the Government and UNICEF established a Country Programme Steering Committee comprised of government officials at the ministerial and policy levels and the UNICEF Representative. The Steering Committee was chaired by the Minister for Protection and Care of Children. At the same time, a Country Programme Task Force was established, chaired by the Vice-Minister for Protection and Care of Children and including government officials from relevant ministries and the UNICEF senior programme coordinator. A series of intensive joint planning and programming workshops were held beginning in January 1994, using the situation analysis to identify priority issues, country programme objectives and an overall strategy. A strategy meeting was held in April 1994 to agree on the programme framework and budgetary allocations. As part of the programming process, a subnational consultation was held with selected provincial governments.

National goals and priorities for children

38. The Government has set policy objectives to Viet Nam to progress rapidly, to match the economic and social advances made by a number of countries in East Asia and to achieve greater success in the global market place. The Government fully appreciates that child survival and development and women's development, both aimed at maximizing human potential, are essential prerequisites for achieving those objectives. The Convention on the Rights of the Child is becoming an important reference for comprehensive legislation for children, and the NPA is a principal means of implementing the Convention in order to achieve these national ambitions.

39. NPA goals to be achieved by the year 2000 include (a) reduction of IMR by one third through a strategy of reduction by 40 per cent in provinces with high IMR and by 20 per cent in provinces with low IMR, saving the lives of 33,000 infants annually; (b) reduction of U5MR by 20 per cent, saving the lives of 15,000 children annually; (c) reduction of MMR by 45 per cent, saving the lives of 800 women annually; (d) reduction of PEM from 42 to 30 per cent among children under five years of age, which will result in over 1,200,000 young children becoming well nourished; (e) sustaining the elimination of vitamin A deficiency, iodine deficiency and iron deficiency anaemia; (f) increasing rural water supply coverage from 42 per cent in 1995 to 80 per cent; (g) increasing rural sanitation coverage from 23 per cent in 1995 to 60 per cent; (h) achieving a primary school completion rate of 90 per cent for 15-year-olds, with the remaining 10 per cent completing grade 3 and being literate; (i) improving the knowledge of cost-effective child-rearing practices among all parents and child-care providers through the dissemination of 10 basic Facts for Life messages to 12 million women and adolescent girls through VWU; and (j) improving the well-being of children in especially difficult circumstances by increasing their access to basic services in urban and ethnic minority areas.

Country programme objectives and strategy

40. The overriding goals of the proposed country programme are to support the Government and families in sustaining the significant past gains in child survival during this early period of transition into a market economy, to implement the Convention on the Rights of the Child and to help to selected NPA goals that are most relevant to UNICEF. The proposed country programme will contribute towards the above-mentioned national goals by achieving the following objectives:

(a) Sustaining UCI coverage at 90 per cent, eliminating neonatal tetanus, eradicating polio and reducing the 1990 levels of measles morbidity and mortality by 90 and 95 per cent, respectively;

(b) In order to revitalize PHC and maternal health care in 142 of the poorest districts, expanding services to treat ARI from 55 to 100 per cent of the communes and treating 80 per cent of diarrhoeal cases with ORS and continued feeding;

(c) Reducing young child malnutrition from over 40 per cent to less than 30 per cent in 142 of the poorest districts through enhancing the status, knowledge and skills of care providers and increasing household food security and access to credit;

(d) Achieving and sustaining virtual elimination of vitamin A deficiency, eliminating IDD and substantially reducing anaemia;

(e) Providing access to a safe water supply to an additional 18 million persons, access to sanitation facilities to 1.2 million persons and water and

sanitation facilities to 5,000 primary schools, along with hygiene and health education;

(f) Upgrading the primary school curriculum, improving the quality of teacher training, modernizing teaching techniques and increasing access to education for 1.5 million disadvantaged children, mainly of the H'mong, Khmer and Cham minorities;

(g) Enhancing the status and participation of women through functional literacy and use of Facts for Life, access to credit and gender-disaggregated monitoring of social indicators;

(h) Improving the status of children in especially difficult circumstances by strengthening government capacity for needs assessment and establishing plans and preventive programmes in partnership with NGOs;

(i) Establishing and maintaining a mechanism to monitor social indicators within the Government General Statistics Office.

41. Six interlinked programme strategies have been selected to support the poorest families, particularly to help them manage and cope with the economic transition, and to monitor social change to ensure effectiveness and efficiency of national policies and programmes. The strategies are: (a) social mobilization and policy advocacy for priority attention for children, resource mobilization and development education; (b) empowering all Vietnamese families with the information and education necessary for them to meet the survival, development and protection needs of their children and women in a rapidly changing society; (c) reducing disparities between geographical areas, ethnic groups and within communities and households; (d) promoting the convergence of services, especially for the poorest areas and families so as to maximize synergy; (e) establishing strong direct links between the country programme and the provincial programmes of action for children; and (f) building into the country programme mechanisms to take advantage of and respond flexibly to rapidly changing national circumstances.

Coverage

42. The proposed programme structure is divided into two parts. The first consists of programmes and projects that will be expanded to achieve national coverage: EPI; CDD; control of ARI; interventions to eliminate vitamin A and iodine deficiencies, e.g. universal salt iodization; rural water supply; promotion of correct infant feeding practices; monitoring of social indicators; and communications and social mobilization.

43. The second part will consist of an area-focused programme to be implemented progressively in the poorest 142 districts of the country. Activities include primary and maternal health care, reduction of malnutrition, primary education (especially for girls), women in development, children in especially difficult circumstances and strengthening the capacity of local governments for planning, coordination and management. The 142 selected districts comprise the four poorest from each of the 17 poor provinces, three from each of the 19 medium provinces and the single poorest district from each of the 17 richest provinces. There will be an explicit effort to promote replication in other provinces using central and provincial government counterpart funding, with progressively higher government inputs in the richer provinces. National programmes include substantial activities for service delivery through existing infrastructure, and the programme for the 142 districts includes a greater emphasis on capacity-building and empowerment.

44. General resources will be concentrated on the poorest areas. Every effort will be made to raise the supplementary funds required for full implementation

of the country programme. Supplementary funding will be used for nationwide expansion of basic services in health, nutrition, water supply and sanitation, education, women in development and for innovative work for children in especially difficult circumstances and monitoring and evaluation.

Advocacy and social mobilization

45. UNICEF will continue to mobilize the Government's political commitment and the highly influential mass organizations to support the achievement of the NPA goals, the country programme objectives and implementation of the Convention on the Rights of the Child. Advocacy will continue to reinforce the prominence of these assets in the light of market reforms and growing budgetary pressure on all levels of government and society. The country programme also will identify and use selectively the new private sector and other voluntary associations to support these efforts. Training of the technical and programme staff of mass media and mass organizations will help to transform "campaign"-style communications to a style that will ensure sustained behavioural change. UNICEF will support audience and behavioural research so that all activities will be appropriate and cost-effective. The interpersonal communication skills of commune-based workers, such as health workers, will be improved through training and more supportive supervision.

Planning, research, evaluation and monitoring

46. To meet the urgent need for accurate data on children and women during a period of very rapid change, priorities will include (a) the development and maintenance of a programme for accurate monitoring of social indicators in order to improve national and subnational capacities for accurate, timely and comprehensive monitoring of progress; (b) continuation of biannual programme implementation reviews and frequent and focused field travel as part of programme monitoring and evaluation; (c) phasing of independent evaluations of major programmes and projects over the programme cycle, with results fed into the annual programme review process; and (d) increased integration of research, monitoring and evaluation in order not to overburden procedures and to improve the quality and cost-effectiveness of data collection and analysis.

Health

47. Four principal strategies will be used to strengthen the PHC network at the community level: (a) universal coverage against the six EPI diseases, ARI and diarrhoea, together with associated health education which will employ the effective social mobilization and communications strategies used in support of UCI; (b) reduction of disparities by strengthening health services and their links with other UNICEF-assisted programmes in the 142 districts; (c) integration at all levels of vertically organized PHC services, such as those for CDD and EPI, and improved coordination with health projects supported by such other partners as the United Nations Population Fund (UNFPA), WFP, WHO, the World Bank, the Swedish International Development Authority and NGOs; (d) strengthening of sustainability through the integration of vertical health services to reduce costs and increase efficiency, establishment of a revolving drug fund, increased community participation and local production of ORS and combined diphtheria/pertussis/tetanus and tetanus toxoid vaccines.

48. An estimated 1.9 million infants (90 per cent) will be immunized annually with the six EPI antigens, 2 million pregnant women (90 per cent) will be immunized with at least two doses of tetanus toxoid, 4.8 million children under five years of age (100 per cent) will receive two doses of oral polio vaccine and 432,000 children aged between 9 and 32 months (90 per cent) in 3,500 remote mountainous communes (30 per cent) will receive one dose of measles vaccine as part of two national immunization days each year in 1996, 1997 and 1998. Vitamin A supplementation will be provided to all 10.5 million children under

five years of age and to 2 million lactating mothers twice each year, with the second dose given on national immunization days. There will be a increased emphasis on disease reduction and cooperation with WHO to improve surveillance and safe injection practices.

49. CDD services will be expanded to cover all communes. The provision of imported ORS by UNICEF (currently 4 million packets) will be phased out gradually as support is provided to increase local production. The four regional and 53 provincial diarrhoea treatment units will conduct 100 training courses on case management and interpersonal communications for community health workers (CHWs), as well as 25 training courses on supervisory and monitoring skills for provincial and district health workers. National and regional teams will be trained to respond to and manage epidemics. Prior to the known seasons of diarrhoea outbreaks, assertive educational campaigns will be mounted to promote personal hygiene, the use of ORT and continued feeding, and to ensure the availability of ORS for severe cases of dehydration. UNICEF will support workshops for private practitioners, pharmacists and midwives to secure their support in promoting correct case management and health education and to counter media promotion which prescribes use of ineffective drugs. This effort will involve collaboration with the mass media, NGOs and such professional groups as the medical and paediatric associations. Monitoring of CDD and ARI services will be improved by the re-establishment and reinforcement of seven sentinel provinces which are representative of different socio-geographical areas nationwide.

50. Services for the control of ARI will aim to reduce infant pneumonia by 60 per cent and in children under five years of age by 40 per cent, using 1995 levels as a baseline. Coverage will be expanded gradually to all communes. The two regional and 53 provincial treatment units will conduct 140 training courses for CHWs and on one additional day for members of mass organizations, in addition to 25 courses for district and provincial paediatricians and 20 seminars on standard case management for private practitioners each year. The purpose of training and mobilization of the mass organizations is to have timely referral in 90 per cent of cases and to increase standard/correct case management to 90 per cent of pneumonia episodes at commune and district health centres. A revolving fund will be established to ensure adequate availability of antibiotics and other essential drugs to treat ARI.

51. The experience gained in strengthening PHC during the period 1993-1995 will be expanded to cover the 142 poor districts. Plans of action will be formalized between UNICEF, the Ministry of Health and district authorities. UNICEF cooperation will cover 40 per cent of the districts in the 17 poor provinces, 33 per cent of districts in medium provinces and 10 per cent in each of the more affluent provinces. Local governments will devote their own additional resources to achieve 100 per cent coverage in their jurisdictions. Basic equipment and essential drugs will be supplied to 2,840 communal health centres, supporting intercommunal polyclinics (which serve more than one commune and have a larger variety of functions than the communal health centres) and 142 district health centres. A revolving fund will be established to promote and manage PHC in each commune. The 25 secondary medical schools and regional institutes of hygiene and epidemiology will be strengthened to train communal and district workers. Short-term training interspersed with periods of work, supportive supervision and achievement incentives will be used to expand coverage to remote and mountainous areas. Professional staff at the Ministry of Health, provincial hospitals and other institutions will provide technical support. Implementation will be monitored by strengthening the routine reporting system and through systematic field visits.

52. Maternal health care and safe motherhood services will be strengthened as part of the revitalization of PHC in the 142 districts. Two health workers in each of the 2,840 communes will be trained using revised guidelines for maternal

and child health care and family planning. District and provincial staff will be trained to provide technical and supervisory support. Health education on risk factors and risk behaviour and training on clean deliveries and clean umbilical cord care for all deliveries will take place in the 142 poorest districts and in 210 districts with a high risk of neonatal tetanus. UNICEF will provide basic equipment and assist information, education and communication activities. UNFPA will provide contraceptives to reduce abortions and menstrual regulation by at least 40 per cent.

Nutrition

53. The main focus will be on decreasing PEM among children under five years of age, the virtual elimination of vitamin A and iodine deficiency and substantial reduction of iron deficiency among children and women. The PEM and iron deficiency components will be implemented in the 142 poorest districts through a strategy of convergent delivery of services, i.e., access to preventive and curative health services, increased household food security and credit for income generation, and the promotion of correct infant feeding and caring practices through trained nutrition volunteers, VWU cadres and day-care workers. IDD will be virtually eliminated through universal salt iodization. Vitamin A deficiency will be virtually eliminated through a combination of supplementation for 10 million children between the ages of 6 and 59 months and 2 million lactating mothers, nutrition education for all families and the provision of seeds for foods rich in vitamin A and seedlings for 300,000 poor households in the 142 poorest districts.

54. Information to increase exclusive breast-feeding during the first four months and on correct infant feeding practices will be disseminated nationally. All 600 hospitals with maternity wards in the 142 poorest districts will achieve "baby-friendly" certification. The ban on free and subsidized distribution of infant formula will be enforced.

55. UNICEF will work closely with FAO, WHO, the World Bank and NGOs in reducing PEM and micronutrient deficiencies. Local production of vitamin A fully meets the country's needs; the country probably will be able to produce the required 420,000 metric tons of iodized salt by 1995. UNICEF will support research on food fortification, private sector involvement and cost-recovery for sustainability.

Water supply and sanitation

56. UNICEF will support the installation of 186,780 new water systems for some 18 million people to help provide 60 per cent of the rural population with access to safe water. An estimated 190,000 caretakers will be trained on maintenance and repair of pumps. Priority will be given to ethnic minority and other low-income and underserved areas. Surveys will identify suitable sources of water for developing gravity-fed systems in mountainous areas, and training will be conducted to strengthen the technical skills of staff in these remote areas. Improved maintenance and stronger links with sanitation and hygiene education will be emphasized and supported by establishing communal water and sanitation committees.

57. UNICEF assistance for the sanitation component will cover a mix of interventions: (a) communication and education for behavioural change; (b) supplies for the construction of 243,000 latrines; (c) capital to establish a revolving fund for latrine construction and smokeless chulas (fuel efficient ovens); (d) mobilization of mass organizations to promote the construction of latrines; and (e) installation of water supply and sanitation systems in 5,000 primary schools to promote hygiene. Information and education activities and training of health workers will focus on linkages between lack of sanitation, poor personal hygiene and diarrhoeal diseases. This mix of

interventions should increase access to sanitation from 15 per cent in 1994 to 31 per cent by the year 2000.

Education

58. The main focus of UNICEF cooperation will be on increasing enrolment and reducing drop-out rates of primary-school-age children, particular girls and ethnic minorities, who together comprise the majority of Viet Nam's 2.4 million primary-school-age children who currently are not in school. A strategy of integrated basic services will be pursued in the 142 districts in order to reduce such constraints to school attendance as long distances between schools and a water supply and lack of income to buy school supplies. The programme also will focus on multigrade teaching, teacher training and the development of materials. In addition, non-formal basic education will be provided to 665,000 students enrolled in home-based and alternative basic education classes. UNICEF also will help to increase enrolment of children aged one to three years in home-based and other day-care groups with the dual aims of meeting the developmental needs of these children and of giving mothers time for other productive purposes, particularly income generation. UNICEF will help to increase the enrolment of children 3-5 years old in kindergartens attached to primary schools.

Women in development

59. Cooperation will focus on poor women's triple roles as mothers, producers and organizers. Strategies will include income and job creation, improvement of women's knowledge on maternal and child care and nutrition and of women's literacy and child-care facilities. Special efforts will be made to promote gender awareness and sensitivity among decision makers and opinion leaders, to monitor changes in the situation of women and girls and to facilitate development of appropriate government laws and policies for the advancement of women and girls.

Children in especially difficult circumstances

60. The programme covers three projects. The urban services project will strengthen institutional capacity for coordinating urban policies and service delivery to poor urban children. The children in especially difficult circumstances project will help to monitor implementation of articles of the Convention on the Rights of the Child relating to child labour, abuse, sexual exploitation and trafficking, and juvenile justice. In addition, income-generating activities and increased access to credit, health and education will reach 4,200 poor urban mothers and their children, while sustainable and replicable models are developed. An HIV/AIDS component will follow a behavioural change approach to reduce HIV transmission among young people. The third project, for ethnic minorities, will help to increase access of the poor to extension services through improved local planning processes and support to water supply and sanitation activities, education materials, basic health equipment and capacity-building at provincial, district and communal levels.

Programme management

61. A country programme management planning exercise carried out in May 1994 resulted in recommendations concerning modifications in office structure, reporting relationships and staffing to ensure that the office's human resources are deployed effectively to manage the 1996-2000 programme. Some improvements include progressively reducing the number of internationally recruited officers and increasing the number of national staff, strengthening the Programme Planning and Coordination Unit and the social mobilization and communications capacity, and increased monitoring, particularly in the 142 districts. The Ho Chi Minh City sub-office will play a greater role in detailed planning for district programmes in southern provinces.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Viet Nam (1992 and earlier years)

UNICEF country classification

Under-five mortality rate	48	(1993)	Middle U5MR
Infant mortality rate	36	(1993)	Middle IMR
GNP per capita	$ 170	(1993)	Low-income GNP
Total population	70.9 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	1613	1979	2026	2055
Infant deaths (under 1)	(thousands)	181	150	84	74
Under-five deaths	(thousands)	253	207	111	98
Under-five mortality rate (per 1,000 live births)		157	105	55	48
Infant mortality rate (under 1) (per 1,000 live births)		112	76	42	36

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1986/1989))	Moderate & severe	52	42 *
	Severe	13	14 *
Babies with low birth weight (%, 1980/1989)		21	17
Primary school children reaching grade 5 (%, 1980)		47	..

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1986/1989)	7	12 *
Prevalence of stunting (0-59 mos.) (%, 1986/1989)	60	49 *
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	96	103
Total goitre rate (1986)	..	20
Household expenditure (% of total income) All food/cereals	..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1993)		46	52
Access to health services	Total	80	90
(% of population, 1985/1989)	Urban/rural	100 / 75	100 / 80
Access to safe water	Total	46	37
(% of population, 1985/1993)	Urban/rural	70 / 32	57 / 32
Access to adequate sanitation	Total	..	21
(% of population, 1980/1993)	Urban/rural	.. / 55	45 / 15
Births attended by trained personnel (%, 1989)		..	95
Maternal mortality rate (per 100,000 live births, 1989)		..	120

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	..	50	90	94
	DPT	..	42	87	91
	Polio	..	62	87	91
	Measles	..	19	87	93
Pregnant women (%) immunized against:	Tetanus	..	..	..	71

* Eight rural regions.

TABLE 1 (continued)

Viet Nam

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	109 / 95	103 / ..
(%, 1980/1990)	Male	111 / ..	.. / ..
	Female	106 / ..	.. / ..
Secondary enrolment ratio (gross/net)	Total	42 / ..	33 / ..
(%, 1980/1990)	Male	44 / ..	.. / ..
	Female	40 / ..	.. / ..
Adult literacy rate, 15 years & older	Total	84	88
(%, 1979/1990)	Male/female	90 / 78	92 / 84
Radio/television sets (per 1,000 population, 1980/1991)		93 / ..	104 / 41

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	42729	53711	66688	70902	81516
Population aged 0-15 years	(thousands)	19643	24172	27155	28218	30337
Population aged 0-4 years	(thousands)	6916	8394	9212	9430	10193
Urban population (% of total)		18.3	19.3	19.9	20.0	22.3
Life expectancy at birth	Total	49	57	63	64	67
(years)	Male	47	55	61	62	65
	Female	52	60	65	66	69
Total fertility rate		5.9	5.1	4.0	3.8	3.3
Crude birth rate (per 1,000 population)		38	37	30	29	27
Crude death rate (per 1,000 population)		15	11	9	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988)		..	53
Population annual growth rate	Total	2.2	2.1
(%, 1965-1980/1980-1993)	Urban	3.3	2.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%)		..	..
Inflation rate (%)		..	..
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure	Health/education	.. / ..	.. / ..
(% of total expenditure)	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance:	$US millions	242	586
(1981/1992)	As % of GNP	2	..
Debt service (% of goods and services exports)		..	..

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1995 a/

COUNTRY: VIET NAM
LATEST BOARD APPROVAL: 1991
GENERAL RESOURCES: $40 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	7 532	7 046	1 072	148	477		2 681	2 062	11 762	14 000	9 256	11 500	21 018	25 500
Nutrition and household food security	2 057	1 584	249	112	276		877	805	3 459	4 150	2 501	3 750	5 960	7 900
Water supply and sanitation	5 524	3 516	199	84	1 259		1 523	1 372	8 505	8 000	4 972	24 750	13 477	32 750
Education	2 673	402	494	128			1 559	281	4 726	5 000	811	5 000	5 537	10 000
Young child development	1 155	25	315				473		1 943	3 875	25	4 000	1 968	7 875
Women-centred programme	170	13	74	47			271	413	515	825	473	1 000	988	1 825
Children in especially difficult circumstances	20	32	49	16			60	9	129	250	57	56	186	306
Social mobilization and advocacy	94	2	88		31		339	16	552	300	18		570	300
Planning and social statistics	44		53				132	55	229	750	55		284	750
Programme support	506	10	15	2	1 316		343	29	2 180	2 850	41		2 221	2 850
Emergency	190								190				190	
GRAND TOTAL	19 965	12 630	2 608	537	3 359		8 258	5 042	34 190 b/	40 000	18 209	50 056 c/	52 399	90 056

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.
b/ Including expenditures from global fund and additional allocation of general resources for unfunded programme for supplementary funding.
c/ Of this amount, $29 893 437 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1996 - 2000

(In thousands of United States dollars)

Country: VIET NAM **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health	GR	2 600	2 600	2 600	2 600	2 600	13 000
	NSF	4 550	4 800	5 900	6 600	6 650	28 500
Nutrition	GR	900	900	900	900	900	4 500
	NSF	1 545	1 605	1 790	2 040	2 020	9 000
Water supply and sanitation	GR	1 600	1 600	1 600	1 600	1 600	8 000
	NSF	4 700	5 000	5 200	5 300	5 300	25 500
Education	GR	1 600	1 600	1 600	1 600	1 600	8 000
	NSF	2 584	3 226	3 930	4 107	4 653	18 500
Women in development	GR	400	400	400	400	400	2 000
	NSF	1 000	1 000	1 000	1 000	1 000	5 000
Children in especially difficult circumstances	GR	200	200	200	200	200	1 000
	NSF	300	300	300	300	300	1 500
Advocacy, social mobilization and communication	GR	600	600	600	600	600	3 000
	NSF	300	300	300	300	300	1 500
Planning, research, evaluation and monitoring	GR	200	200	200	200	200	1 000
	NSF	300	300	300	300	300	1 500
Programme support	GR	700	700	700	700	700	3 500
TOTAL	GR	8 800	8 800	8 800	8 800	8 800	44 000
	NSF	15 279	16 531	18 720	19 947	20 523	91 000
GRAND TOTAL		24 079	25 331	27 520	28 747	29 323	135 000

GR = General resources.
NSF = New programmes for supplementary funding.